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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/KR04/02777 11/01/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 REPUBLIC OF KOREA 10-2003-0077472 11/04/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** \* SMALL ENTITY \*

12/14/2006

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> KOREA, REPUBLIC OF	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	/SUNIL K SINGH/ Examiner's Signature		Initials			

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**TITLE**  
 Portable dental care stand

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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